

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070292

FILED
May 08, 2009
Secretary of State

Entity Name: PRIMARY CARE OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

1969 S. ALAFAYA TRAIL, #128
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

1969 S. ALAFAYA TRAIL, #128
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-2856669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQ. BLVD.
SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: NURIEL, GABRIEL
Address: 1969 S. ALAFAYA TRAIL, #128
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL NURIEL

DR

05/08/2009

Electronic Signature of Signing Officer or Director

Date